Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No Yes Average Daily Census: 79 **80** 

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	35. 0 53. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	11. 3
Day Servi ces	No	Mental Illness (Org./Psy)	23. 8	65 - 74	3. 8		
Respite Care	No	Mental Illness (Other)	16. 3	75 - 84	42. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 8	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	10. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	5. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	21. 3	65 & 0ver	100. 0	[	
Transportation	No	Cerebrovascul ar	8. 8			RNs	9. 6
Referral Service	No	Di abetes	2. 5	Sex	%	LPNs	4. 4
Other Services	No	Respi ratory	6. 3			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	16. 3	Male	21. 3	Aides & Orderlies	29. 1
Mentally Ill	No			Female	78. 8		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Privat			ri vate	Pay		Managed Care			Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	40	87. 0	\$116. 37	0	0. 0	\$0.00	26	96. 3	\$136.00	0	0. 0	\$0.00	66	82. 5%
Skilled Care	7	100.0	\$274.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	7	8. 8%
Intermedi ate				6	13.0	\$82. 51	0	0.0	\$0.00	1	3. 7	\$116.00	0	0.0	\$0.00	7	8. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		46	100. 0		0	0.0		27	100.0		0	0.0		80	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons,	Servi ces,	and Activities as of 1	2/31/00
beachs builing kepotering terrou				% Need	li ng		Total
Percent Admissions from:		Activities of	%	Assistan		% Totally	Number of
Private Home/No Home Health	16. 9	Daily Living (ADL)	Independent	One Or Tw	o Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	<b>0</b> . 0	78.	8	21. 3	80
Other Nursing Homes	11. 3	Dressi ng	6. 3	85.	0	8. 8	80
Acute Care Hospitals	59. 2	Transferring	18. 8	70.	0	11. 3	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 0	70.		15. 0	80
Reĥabilitation Hospitals	0.0	Eating	68. 8	21.	3	10. 0	80
Other Locations	12. 7	********************	******	******	******	********	******
Total Number of Admissions	71	Continence			ial Treat		%
Percent Discharges To:		Indwelling Or Externa				espiratory Care	6. 3
Private Home/No Home Health	17. 4	Occ/Freq. Incontinent		40. 0 Re	ecei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	18. 8 Re	ceiving S	ucti oni ng	0. 0
Other Nursing Homes	7. 2					stomy Care	1. 3
Acute Care Hospitals	8. 7	Mobility_	_			ube Feeding	1. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0. 0 Re	eceiving M	fechanically Altered Die	ts 23.8
Rehabilitation Hospitals	0.0						
Other Locations	14. 5	Skin Care				t Characteristics	
Deaths	<b>52.</b> 2	With Pressure Sores				e Directives	92. 5
Total Number of Discharges		With Rashes			cations		
(Including Deaths)	69			Re	ceiving P	sychoactive Drugs	61. 3
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	Ownershi p:		Bed	Si ze:		ensure:			
	Thi s	This Nonprofit		50-	50-99		Skilled		
	Facility	cility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 3	87. 8	1. 10	87. 3	1. 10	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	50. 0	82. 6	0. 61	80. 3	0. 62	83. 5	0. 60	77. 5	0.65
Admissions from In-County, Still Residing	22. 5	25. 9	0.87	21. 1	1.07	22. 9	0. 98	21. 5	1.05
Admissions/Average Daily Census	89. 9	116. 8	0. 77	141.8	0. 63	134. 3	0. 67	124. 3	0.72
Discharges/Average Daily Census	87. 3	117. 3	0. 74	143. 0	0.61	135. 6	0.64	126. 1	0.69
Discharges To Private Residence/Average Daily Census	15. 2	43. 9	0. 35	<b>59. 4</b>	0. 26	53. 6	0. 28	49. 9	0.30
Residents Receiving Skilled Care	91. 3	91. 3	1.00	88. 3	1.03	90. 1	1. 01	83. 3	1.09
Residents Aged 65 and Older	100	97. 1	1.03	95. 8	1.04	92. 7	1. 08	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	57. 5	<b>56.</b> 2	1. 02	57. 8	1.00	63. 5	0. 90	69. 0	0.83
Private Pay Funded Residents	33. 8	37. 5	0. 90	33. 2	1.02	27. 0	1. 25	22. 6	1.49
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally III Résidents	40. 0	36. 3	1. 10	32. 6	1. 23	37. 3	1. 07	33. 3	1. 20
General Medical Service Residents	16. 3	21. 1	0. 77	19. 2	0.85	19. 2	0. 85	18. 4	0. 88
Impaired ADL (Mean)	46. 0	50.8	0. 91	48. 3	0. 95	49. 7	0. 93	49. 4	0. 93
Psychological Problems	61. 3	<b>50.</b> 0	1. 22	47. 4	1. 29	50. 7	1. 21	50. 1	1. 22
Nursing Care Required (Mean)	5. 6	6.8	0. 83	6. 1	0. 93	6. 4	0. 87	7. 2	0.79